



1600 9th Street, Sacramento, CA 95814  
(916) 654-2378

April 22, 2003

**REQUEST FOR APPLICATION (RFA): LONG-TERM STRATEGIES FOR  
COMMUNITY PLACEMENT - ALTERNATIVES TO INSTITUTIONS FOR MENTAL  
DISEASE (IMDs)**

**PROGRAM BACKGROUND:**

The Department of Mental Health (DMH) oversees California's mental health programs for eligible clients with serious mental illness. Under DMH oversight, each county provides a mental health managed care plan for individuals who are Medi-Cal eligible. DMH also oversees the county administration of long-term care services provided to persons in licensed facilities designated and defined as IMDs in accordance with DMH Letter No. 02-06 (Attachment A).

There has been an increased emphasis in California on providing community-based long-term care in California for persons with serious persistent mental illness. Currently, the majority of individuals with mental illness who receive long-term care services receive those services in the community. However, approximately 3,500 individuals continue to reside and receive services in IMDs. While California counties were given fiscal and administrative responsibility for individuals in IMDs as part of State-Local Realignment in 1991, DMH has a shared interest with counties in determining the feasibility, cost and impact of providing community living options for individuals residing in IMDs. In response to this shared concern, DMH will provide funding to implement two pilot programs that target this population. It is expected that two county pilot projects, Merced County and San Francisco County, will receive funding to develop strategies and processes that support transitioning individuals from IMDs into community living situations. As part of this pilot effort, DMH will contract with a consultant to provide technical assistance to the pilot projects and establish and implement a methodology for collecting data that will document the effectiveness of the two projects. The evaluation effort associated with the pilot projects is intended to provide information relevant to California's long-term strategies concerning IMD alternatives but



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### **PROGRAM BACKGROUND CONTINUED:**

really focuses on assisting the projects and collecting outcome information documenting the effectiveness of the pilot effort. The purpose of this RFA is to contract for a more expansive analysis and evaluation of California's current long-term care system for persons with serious mental illness. A final report documenting the evaluation, associated recommendations and "best practice" service models that could be replicated statewide, is to be submitted to DMH to support California's long term planning efforts.

DMH is pleased to announce the availability of funds to fulfill this purpose and contribute to the ongoing efforts of the Long Term Care Council established under the statutory requirements of Assembly Bill 452 (Chapter 895, Statutes of 1999). It is anticipated that a total of \$119,872 (\$59,936 annually) will be available for a 24.5 months contract period (June 16, 2003 – June 30, 2005). To carry out this analysis, DMH is seeking a contractor with broad and significant experience with California's mental health system.

### **LETTER OF INTEREST:**

A Letter of Interest (LOI) is requested no later than **May 5, 2003**. The LOI should identify the name of the agency, the name of the contact person for any communication regarding the grant process, along with their phone number, fax number and email address. **Due to timeline limitations, applications will not be considered if the LOI is not received by the due date.** Therefore, all subsequent communication regarding the competitive process will be disseminated only to those agencies with a LOI on file.

### **CONTRACTOR CAPABILITY:**

1. The applicant must demonstrate broad and extensive experience with California's mental health system including knowledge about how both services and funding are structured at the State and local level. This discussion should include evidence that the applicant understands the broad array of services and programs available in California's mental health system and the dynamics of the various funding sources available.
2. The applicant must specifically document an understanding of California's current long-term care system for persons with serious mental illness. This discussion should include a description of: (1) the types of services and supports necessary to support individuals in community living situations rather than IMD facilities; (2) the general availability of services; (3) existing barriers to service; (4) the funding or potential funding available for this effort; and (5) the importance of gathering both client and system outcome information. (Although it is expected that the contractor selected will need to analyze and evaluate these issues further in the course of developing recommendations

### **CONTRACTOR CAPABILITY CONTINUED:**

for long-term strategies, this section is intended to discover the applicant's current understanding of the long-term care system in California for persons with serious mental illness.)

3. The applicant must document past experience with analyzing and/or developing strategies and protocols that promote community living options as an alternative to institutional living in California.
4. The contractor must demonstrate an understanding of the necessity for incorporating processes appropriate to the ethnic/cultural diversity of persons being served in their development of all long-term strategies. Discussion of this expertise should ALSO communicate the applicant's understanding of and commitment to:
  - Consumer/family empowerment,
  - Service delivery based on consumer/staff partnerships, and
  - Client involvement in treatment and transition planning.

#### **APPLICATION COMPONENTS:**

The application should be submitted with the following components:

1. A description of how the applicant meets all the criteria identified above under "Contractor Capability".
2. A Work Plan for each fiscal year that addresses how the applicant will accomplish the SCOPE OF WORK (See page 6).
3. A BUDGET for each year of the contract beginning with the month of the Grant award, with sufficient narrative detail that demonstrates how the budget will support the SCOPE OF WORK and Work Plan. A suggested budget format (Attachment B) is enclosed. **Any applications submitted without a budget will be disqualified.**
4. A STATEMENT OF QUALIFICATIONS which contains the training, experience, and past performance which describes specifically how and why the applicant is uniquely prepared with the knowledge and expertise to accomplish the goals and objects outlined in the Scope of Work. This statement is in addition to the resume or other supporting materials being submitted. The application should contain letters of support from various mental health agencies pertinent to work requirements of the contract. Substantial weight will be given to this evidence of support within the mental health community as specified in the following selection criteria.

#### **APPLICATION COMPONENTS CONTINUED:**

5. A RESUME for each principal staff must be submitted.

6. Any additional SUPPORTING MATERIALS that the applicant wishes to submit that will further substantiate the applicant's ability to perform these services should be included.
7. The Contractor must sign application.

**This application must be received by DMH no later than close of business on May 23, 2003 and be addressed to:**

Cynthia Rutledge  
Systems of Care  
Department of Mental Health  
1600 9<sup>th</sup> Street, Room 102  
Sacramento, CA 95814

Phone: (916) 654-2635  
FAX: (916) 651-6282

**Applications may be faxed by the date above with the hard copy to follow by mail within seven calendar days.** All applications meeting the requirements will be submitted to an evaluation committee who shall evaluate and score the applications using the scoring methodology specified as follows in the RFA. The purpose of this evaluation is to determine which applications demonstrate the skill, expertise and experience to successfully perform the tasks specified in the RFA. In scoring the application, each individual component in the evaluation criteria will be weighed in the context of its contribution to the end product.

**PROPOSED TIMEFRAMES:**

**DATE:**

Submission of Letter of Interest	May 5, 2003
Submission of the RFA proposals	May 23, 2003
Notice of Intent to Award	June 9, 2003
Final Grant Award and Implementation	June 16, 2003

**SELECTION CRITERIA:**

1. Qualifications and Experience (40 points)  
Demonstrated knowledge and experience consistent with the criteria identified above as "Contractor Capabilities".

**SELECTION CRITERIA CONTINUED:**

2. Work Plan (35 points)  
Understanding of and ability to comprehensively address this RFA's Scope of Work

requirements in a Work Plan.

3. Feasibility of Application and Capacity for Performance (25 points)  
Feasibility of applicant's proposed methodology and capacity to comprehensively analyze and produce recommendations relevant to improving California's long-term strategies for providing community living options for individuals residing in IMDs. Scoring in this area will include reviewing the feasibility of the budget provided.

**TOTAL POSSIBLE SCORE: 100 points**

**PASSING SCORE: 85 points**

**The contract will be awarded to the highest scoring applicant.**

## **SCOPE OF WORK**

### **GOAL I: Assessment**

Identify methodologies for identifying and reporting on the types of individuals currently

residing in IMDs. After a broad assessment of this population, the contractor should categorize the population based on the common reasons individuals are initially placed in IMDs. This description should include specific tasks to be accomplished.

#### **GOAL II: Evaluation**

Describe methodology for evaluating “length of stay” patterns among persons residing in IMDS and tie this information to the categorical assessment described above. Identify any barriers to transitioning individuals out of IMDs that may impact the “length of stay” patterns identified. Develop strategies that address transitioning individuals identified in each of the categories to community living situations. This should include methodologies for performance measurement and quality assurance. This description should include specific tasks to be accomplished.

#### **GOAL III: Identification of “Best Practice” Models Proposed for Replication**

The contractor shall identify methodologies for identifying “best practice” models that could be replicated statewide. This information shall be consistent with the categorical populations and barriers already identified.

#### **GOAL IV: Report with Recommendations**

The contractor will be responsible for providing DMH with a written report that includes the assessment, evaluation, and best practice information described above. Additionally, the report shall include recommendations for long-term strategies that California could implement to decrease the use of IMDs and begin to replicate the “best practice” models identified. This report should include specific data and information that substantiates the recommendations contained in the report.

#### **DELIVERABLES:**

Target start date: June 16, 2003

1. Quarterly progress reports submitted to DMH (in a format determined by DMH) outlining the activities related to developing the methodologies and instruments outlined in the Goals and Objectives.

#### **DELIVERABLES CONTINUED:**

2. A final evaluation report, submitted to DMH in a format determined by DMH, is due three months after grant funding ends.

#### **ACCEPTANCE CRITERIA:**

Criteria for the acceptance of deliverables shall consist of the following:

1. Reports on written deliverables are completed as specified and approved by DMH.
2. All deliverables must be in a format determined and approved by DMH.
3. If a deliverable is not acceptable, DMH shall provide the reason within 5 working days of receipt of the deliverable.

**OTHER REPORTING REQUIREMENTS:**

1. On a monthly basis, each contractor staff person shall complete a time sheet.
2. The contractor will develop and provide ad hoc reports as deemed appropriate and necessary.

**STATE RESPONSIBILITIES:**

1. DMH will provide access to business and technical documents as necessary for the contractor to complete the Scope of Work.
2. DMH may provide access to statistical information relevant to this project, as resources allow.
3. DMH will provide the contractor with the formats required for budgets, progress reports and evaluations.

**TRAVEL:**

Travel to multiple locations is required. Travel costs incurred as a result of activities needed to complete this Scope of Work must be outlined in the budget that is included with the application.

Questions concerning the RFA process and timelines may be directed to Cynthia Rutledge via e-mail at [crutledg@dmhhq.state.ca.us](mailto:crutledg@dmhhq.state.ca.us). Responses to questions will be provided by email to all contact persons in agencies with a LOI on file.

Sincerely,

*Original signed by*

Wm. DAVID DAWSON  
Chief Deputy Director for

WILLIAM A. AVRITT  
Acting Deputy Director  
Administrative Services

Enclosures